



NEW HAMPSHIRE PARI-MUTUEL COMMISSION
78 REGIONAL DRIVE, CONCORD, NH 03301
TELEPHONE: (603) 271-2158 FAX: (603) 271-3381

For Official Use Only:
(Date Received)

INITIAL APPLICATION FOR A GAMES OF CHANCE LICENSE FOR A CHARITABLE ORGANIZATION

Name of the Organization: _____

Street Address: _____

Mailing Address: _____

Telephone Number: _____ Fax Number: _____ E-mail: _____

Name of the Applicant: _____ Date of Birth: _____

Home Address: _____

Home Telephone #: _____ Business Telephone #: _____

1. Type of charitable organization:

☐ Religious ☐ Charitable ☐ Civic ☐ Veteran ☐ Fraternal ☐ Social Club

2. Has the charitable organization obtained written permission from the property owner where the games of chance will be held?

3. Has the charitable organization:

- a) been registered with the Secretary of State for at least 2 years and been in existence and organized under the laws of NH in a city or town in NH for at least 2 years?
- b) been registered with the Director of Charitable Trusts, if required by RSA 7:19 through 7:32-a?
- c) been organized for purposes other than conducting games of chance?

4. Are contributions to the charitable organization exempt from federal income tax?

If yes, check the appropriate box: ☐ 501(c) (3) ☐ 501(c) (4) ☐ 501(c) (7)
☐ 501 (c) (8) ☐ 501(c) (10) ☐ 501(c) (19)

If yes, provide the employer tax identification # _____

| Yes | No | Documentation Furnished |
|-----|----|----------------------------|
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| | | |
| | | |

List SPECIFIC information for game of chance on reverse side

GAMES OF CHANCE INFORMATION

List specific information, if known, on Games of Chance for Year: _____

| | Day | Date | Time | Treasurer or Designee | Location |
|-----|-------|-------|-------|-----------------------|----------|
| 1. | _____ | _____ | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ | _____ | _____ |
| 5. | _____ | _____ | _____ | _____ | _____ |
| 6. | _____ | _____ | _____ | _____ | _____ |
| 7. | _____ | _____ | _____ | _____ | _____ |
| 8. | _____ | _____ | _____ | _____ | _____ |
| 9. | _____ | _____ | _____ | _____ | _____ |
| 10. | _____ | _____ | _____ | _____ | _____ |

Name of Game Operator (if applicable): _____

Address (street, city/town, zip code): _____

Name of the games of chance financial institution: _____

Games of chance account number: _____

Fee: \$25.00 per day X number of days _____ = \$ _____ .

Make checks payable to "NH Pari-Mutuel Commission" and forward to:

GAMES OF CHANCE, NH Pari-Mutuel Commission, 78 Regional Drive, Concord, NH 03301.

Include as attachments to this application the supporting documentation specified in Pari 1205.02.

"I certify, under the penalties of perjury pursuant to RSA 641:3, that the information provided on this application is accurate, only bona fide members of the charitable organization will operate games of chance, or any person(s) complying with the requirements of RSA 287-D:2-c. Neither the applicant nor any member of the charitable organization operating the games of chance has been convicted of a felony within the previous 10 years which has not been annulled by a court, a misdemeanor involving falsehood or dishonesty within the previous 5 years which has not been annulled by a court or has violated the statutes or rules governing charitable gambling and that the applicant and any member of the organization participating in the operation of games of chance are aware of all statutes and rules applicable to the operation of games of chance."

Signature: _____

Name: _____

Title: _____ Date: _____
